Washington State Department of Health

Psittacosis

County

LHJ Use ID _____
☐ Reported to DOH Date ___/___/___
LHJ Classification ☐ Confirmed ☐ Probable
By: ☐ Lab ☐ Clinical ☐ Epi Link: _____

☐ Outbreak-related
*LHJ Cluster#*_____
LHJ Cluster Name: _____
DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ___/___/___
Investigation start date: ___/___/___
Reporter (check all that apply)
☐ Lab ☐ Hospital ☐ HCP
☐ Public health agency ☐ Other
OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Reporter name _____
Reporter phone _____
Primary HCP name _____
Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____
Address _____ ☐ Homeless
City/State/Zip _____
Phone(s)/Email _____
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____
Zip code (school or occupation): _____ Phone: _____
Occupation/grade _____
Employer/worksite _____ School/child care name _____

Birth date ___/___/___ Age _____
Gender ☐ F ☐ M ☐ Other ☐ Unk
Ethnicity ☐ Hispanic or Latino
☐ Not Hispanic or Latino
Race (check all that apply)
☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ___/___/___ ☐ Derived Diagnosis date: ___/___/___ Illness duration: _____ days

Signs and Symptoms

Y	N	DK	NA	
☐	☐	☐	☐	**Fever** Highest measured temp (°F): _____ ☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk
☐	☐	☐	☐	**Chills**
☐	☐	☐	☐	**Headache**
☐	☐	☐	☐	**Cough** Cough onset date: ___/___/___
☐	☐	☐	☐	Nonproductive cough
☐	☐	☐	☐	Breathing difficulty or shortness of breath
☐	☐	☐	☐	**Muscle aches or pain (myalgia)**
☐	☐	☐	☐	**Eyes sensitive to light (photophobia)**

Clinical Findings

P = Positive
N = Negative
I = Indeterminate
O = Other
NT = Not Tested

Y	N	DK	NA	
☐	☐	☐	☐	Respiratory infection, Type: _____
☐	☐	☐	☐	**Pneumonia** X-ray result: ☐ **P** ☐ **N** ☐ **I** ☐ **O** ☐ **NT**

Hospitalization

Y	N	DK	NA	
☐	☐	☐	☐	Hospitalized for this illness

Hospital name _____
Admit date ___/___/___ Discharge date ___/___/___

Y	N	DK	NA	
☐	☐	☐	☐	Died from illness Death date ___/___/___
☐	☐	☐	☐	Autopsy Place of death _____

Laboratory

P = Positive O = Other
N = Negative NT = Not Tested
I = Indeterminate

Collection date ___/___/___
Source _____

P	N	I	O	NT	
☐	☐	☐	☐	☐	***C. psittaci* culture (respiratory secretions)**
☐	☐	☐	☐	☐	***C. psittaci* IgM by MIF ≥ 16**
☐	☐	☐	☐	☐	***C. psittaci* antibodies with ≥ 4-fold rise by complement fixation or by microimmunofluorescence (MIF) to a reciprocal titer ≥ 32 (acute and convalescent serum pair)**

NOTES

Case defining variables are in **bold.** Answers are: Yes, No, Unknown to case, Not asked /Not answered

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count backward to figure probable exposure period

	Exposure period		onset
Weeks from onset:	-4	-1	
Calendar dates:			

EXPOSURE (Refer to dates above)

Y	N	DK	NA	
☐	☐	☐	☐	Travel out of the state, out of the country, or outside of usual routine Out of: ☐ County ☐ State ☐ Country Dates/Locations: _____ _____ _____
☐	☐	☐	☐	Case knows anyone with similar symptoms
☐	☐	☐	☐	**Epidemiologic link to a confirmed human case**
☐	☐	☐	☐	Psittacine bird
☐	☐	☐	☐	Other pet bird

Y	N	DK	NA	
☐	☐	☐	☐	Pigeon
☐	☐	☐	☐	Wild bird
☐	☐	☐	☐	Domestic fowl (e.g. chicken, turkey)
☐	☐	☐	☐	Bird dropping or feather exposure without direct contact
☐	☐	☐	☐	Pet shop visit
☐	☐	☐	☐	Occupational exposure (e.g. pet shop, veterinary clinic, poultry processing)

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

Exposure details: _____

☐ **No risk factors or exposures could be identified**

☐ **Patient could not be interviewed**

PUBLIC HEALTH ISSUES

Y	N	DK	NA	
☐	☐	☐	☐	Epidemiologic link to a confirmed or presumptive avian case
☐	☐	☐	☐	Source bird identified Bird tested pos. for psittac. ☐**Y** ☐**N** ☐**Not tested** Origin of infected bird: ☐ Private home ☐ Private aviary ☐ Commercial aviary ☐ Pet shop ☐ Bird loft ☐ Poultry establishment ☐ Other: _____ ☐ Unk Species: _____

PUBLIC HEALTH ACTIONS

☐ Initiate trace-back investigation

☐ Quarantine or treat infected birds

☐ Other, specify: _____

NOTES

Investigator _____ **Phone/email:** _____ **Investigation complete date** ___/___/___

Local health jurisdiction _____ **Record complete date** ___/___/___

Psittacosis: case defining variables are in **bold.** Answers are: Yes, No, Unknown to case, Not asked /Not answered